



**POLITICAL ACTION COMMITTEE
OR LEGISLATIVE CAUCUS COMMITTEE
STATEMENT OF ORGANIZATION**

State Form 28251 (RB/11-05)

Indiana Election Commission (IC 3-9-1-3 and IC 3-9-1-4)

(CFA-2)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK. SEE INSTRUCTIONS ON REVERSE SIDE

1. IS THIS AN AMENDMENT? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If Yes, please enter the file number in this box →			FILE NUMBER
SECTION A. COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.			492066
2. Full Name of Committee (Do not abbreviate) <input type="checkbox"/> Check if this is a new name		3. Acronym or Abbreviated Name (if any)	
MARION COUNTY REPUBLICAN COUNCIL COMM		MCRCC	
4. Mailing Address (Address where all campaign finance correspondence is received) <input checked="" type="checkbox"/> Check if this is a new address		5. E-mail Address (Optional)	
6004 W. RALSTON RD., INDIANAPOLIS, IN 46221			
6. City	State	ZIP Code	7. FAX (Optional)
INDIANAPOLIS	IN	46221	
8. Telephone		9. Committee Organization Date (MM-DD-YY)	
(317) 856-5549		8-3-2000	
10. Is this committee registered with the Federal Election Committee? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		11. Is this committee a "Legislative Caucus Committee" under IC 3-5-2-27.3? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
12. State the purpose of the committee and on which issues the committee expects to focus.			
RAISE FUNDS FOR REPUBLICAN MEMBERS OF CAUCUS			
13. Name and address of any connected, affiliated, sponsoring organization, corporation, group, or individual.		14. Is this committee supporting a political party's entire ticket? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
NOT APPLICABLE		Check party affiliation if applicable: <input type="checkbox"/> Democratic <input type="checkbox"/> Libertarian <input checked="" type="checkbox"/> Republican	
15. If supporting or opposing a public question, state both the subject of the question AND the committee position.			
NOT APPLICABLE			
16. Chairperson's Name <input checked="" type="checkbox"/> Check if this is a new chairperson		17. E-mail Address (Optional)	
BOB COCKRUM			
18. Mailing Address <input checked="" type="checkbox"/> Check if this is a new address		19. Telephone (Day)	
		(317) 856-5549	
21. Treasurer's Name <input type="checkbox"/> Check if this is a new treasurer		20. Telephone (Evening)	
James J Glynn		SAME	
23. Mailing Address <input type="checkbox"/> Check if this is a new address		22. E-mail Address (Optional)	
8990 Morgantown Rd.			
26. Custodian of Records' Name <input type="checkbox"/> Check if this is a new custodian		24. Telephone (Day)	
N/A		(317) 888-2328	
28. Mailing Address <input type="checkbox"/> Check if this is a new address		25. Telephone (Evening)	
		Same	
		27. E-mail Address (Optional)	
		29. Telephone (Day)	
		()	
		30. Telephone (Evening)	
		()	
31. Bank or Other Depositories (List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.)			
Charter One			
SECTION B. APPOINTMENT OF TREASURER (IC 3-9-1-14)			
32. I, as Chairperson of the foregoing committee, appoint the following person as Treasurer of the Committee.		Person Appointed Treasurer	
		JAMES J. GLYNN	
		Signature of the Committee Chairperson	
		Bob Cockrum	
SECTION C. ACCEPTANCE OF APPOINTMENT (IC 3-9-1-15)			
33. I give notice that I accept the duties and responsibilities of Treasurer of this Committee. I am not the chairperson of any other campaign finance committee.			
34. Typed or Printed Name of Treasurer		Signature of Treasurer	Date (MM-DD-YY)
James J Glynn		James J Glynn	11-14-08
SECTION D. CERTIFICATION OF STATEMENT			
I certify that I am the duly appointed Chairperson of the Committee and have examined this statement. To the best of my knowledge and belief it is true, correct and complete.			
35. Typed or Printed Name of Chairperson		Signature of Chairperson	Date (MM-DD-YY)
BOB COCKRUM		Bob Cockrum	11-14-08
Warning: Any information contained in this statement may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) State law requires that any change in this information must be reported within 10 days of the change. (IC 3-9-1-10) A person who knowingly files a fraudulent report commits a Class D felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, and IC 3-9-4-18)			

FOR OFFICE USE ONLY

Elizabeth A. White

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